

Case Number:	CM14-0171992		
Date Assigned:	10/23/2014	Date of Injury:	11/12/1992
Decision Date:	12/03/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

67-year-old female claimant with an industrial injury dated 11/12/92. The patient is status post a right knee arthroscopy. Exam note 07/21/14 states the patient returns with right leg pain and stiffness. The patient reports having difficulty moving. Upon physical exam there was evidence of crepitus along the bilateral knees medially, laterally, and under the patella. Diagnosis is noted as internal derangement of the bilateral knees, severe osteoarthritis of the bilateral knees, a tear medial and lateral meniscus of the right knee, meniscectomy, chondroplasty medial femoral condyles, and chondroplasty patella. Treatment includes a right total knee replacement, a walker, a shower chair, a cooling unit, the prescription of Mupirocin, chlorhexidine soap, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Associated surgical service: One (1) post-op CPM and cooling unit for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic), Criteria for the Use of Continuous Passive Motion (CPM) Devices, Continuous-Flow Cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, CPM& Continuous Flow Cryotherapy

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is medically necessary post-operatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. As the request exceeds the guideline recommendations following total knee replacement, the determination is for non-certification. CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days post-operatively. In this case the request has an unspecified amount of days. Therefore the determination is not medically necessary.

Associated surgical service: 15 home physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, page 24, arthroplasty of the knee recommends 24 visits over 10 weeks with a post surgical treatment period of 4 months. The guidelines recommend of the authorized visit initially therefore 12 visits are medically necessary. As the request exceeds the 12 visits, the determination is not medically necessary.

Associated surgical service: One (1) Chlorhexidine (CHG) soap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Women's and Children's Health. Surgical Site Infection: Prevention and Treatment of Surgical Site Infection. London (UK): National Institute for Health and Clinical Excellence (NICE); 2008 Oct. 142 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Webster J, Osborne S. Preoperative bathing or showering with skin antiseptics to prevent surgical site infection. Cochrane Database Syst Rev. 2012 Sep 12;9:CD004985.

Decision rationale: CA MTUS/ACOEM/ODG is silent on the issue of chlorhexidine liquid soap. Alternative guidelines were searched and the peer reviewed literature was referenced. Webster in a Cochrane review in 2012 demonstrated that there was no clear evidence of benefit for preoperative showering or bathing with chlorhexidine over other wash products to reduce the surgical site infection risk. Therefore the determination is not medically necessary.

Associated surgical service: One (1) shower chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic), Bathtub Seats

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Bathtub seats

Decision rationale: CA MTUS/ACOEM is silent on the issue of shower chairs. According to ODG, Knee and Leg, Bathtub seats "are considered a comfort or convenience item, hygienic equipment and not primarily medical in nature." Therefore determination is not medically necessary.

Associated surgical service: Mupirocin 2% ointment #22gms: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Levy PY, Ollivier M, Drancourt M, Raoult D, Argenson JN. Relation between nasal carriage of Staphylococcus aureus and surgical site infection in orthopedic surgery: the role of nasal contamination. A systematic literature review and meta-analysis. Orthop Traumatol Surg Res. 2013 Oct;99(6):645-51.

Decision rationale: Mupirocin ointment is topical Bactroban. Mupirocin prophylaxis against MRSA is silent per the CA MTUS/ACOEM and ODG criteria. Alternative guidelines were selected. Levy et al found that while nasal carriage of Staphylococcus Aureus is a major risk factor for surgical site infection, the efficacy of eradication could not be demonstrated for orthopedic surgery as sample sizes were small. Therefore the determination is not medically necessary as there is no evidence of MRSA and there is lack of high quality studies demonstrating efficacy with use of Bactroban.